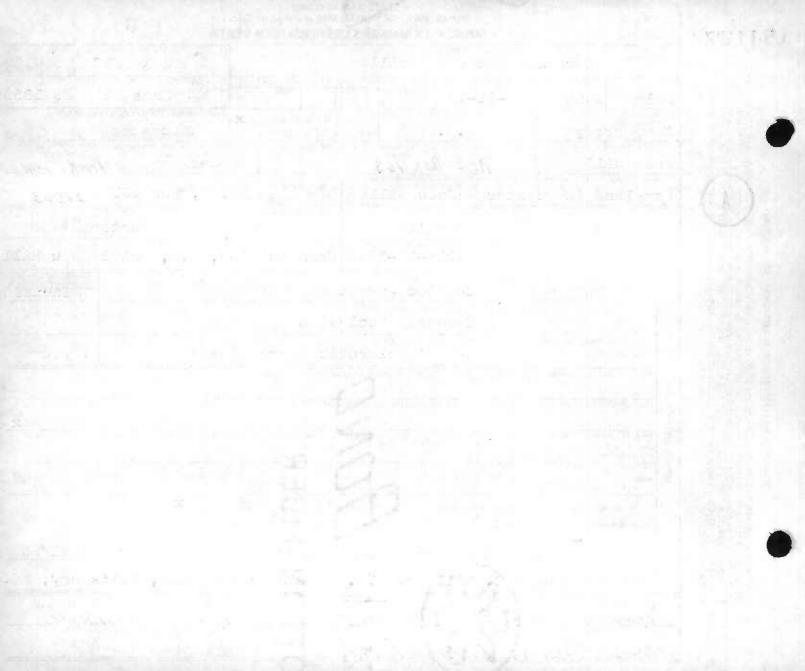
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 184127 REGISTRAR I. DECEASED NAME 20 DATE KNOWN 76 HOUR MONTH DAY (TYPE OR PRINT) Berilla Edward Oscar DEATH MATED 6/22 100 S FOR YOUR FILES.
WITHIN 72 HOURS
V. PRESTON STREET, 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d. HOUR YEAR LAST BIRTHDAY PRONOUNCED -31-16 Male White DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S. Worcester New Jersey WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 126, USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Snow Hill Farmer USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS BALTIMORE, MD. 21201 13b. COUNTY 134. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Worcester Lanc NO P 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pastorek Berilla Vera 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (IF YES, GIVE WAR OR DATES) 216-12-1246 John Huggins, Rt. 2, Box163 Snow Hill APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac Arrest minutes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Coronary Occlusion Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF E USED AS A BURIAL-FOF HEALTH AND ME URIAL, CREMATION, lying couse lost. Arteriosclerotic Heart Disease ? years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION ICATE VIOLE
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1 THE STATE DEPARTMENT 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? YES [] 71g EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 714 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Inspection Autopsy Notural couses death resulted from: Homicide Undetermined monner TITLE (SPECIFY) 6/22/85 Deputy MEDICAL EXAMINER EXAMINER'S NAME Jr. M.D. ADDRESS Pine Bluff Road, Salisbury, Md. Thomas C. (TYPE OR PRINT) 23d LOCATION 23c. NAME OF CEN BP_ 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Wie Davidson Randelle (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND 165021 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH TYPE OR PRINTI poge r Evelvn Dennis 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE MONTH 10 14 1909 Black Female 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED United States WIDOWED X DIVORCED Worcester NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION IS CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFET Housewide Berlin, Md Berlin Nursing Home USUAL RESIDENCE INF NUM CHECKING INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO K 1, Box 496E, 21853 YES [Mo Princess Anne 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Moses Stevenson Henrietta 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c.) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10) Cardiac/Resp. Failure DUE TO, OR AS A CONSEQUENCE OF ASCVD Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO gie 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Mento! Hy 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN STREET morked AT HOME STREET FACTORY OFFICE FARM ETC I WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death. Dept. 226 SIGNATURE DEGREE ATTENDING MEDICAL MPORTANT: IF Federico Arthes, MD PHYSICIAN DIRECTOR PHYSICIAN

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Buria

H. James

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my MO 236 DATE

Venton, Md

3 Bay St., Berlin, Md. 21811 23c NAME OF CEMETERY OR CREMATORY John Wesley Cemetery

22e ADDRESS

23d. LOCATION CITY OR TOWN Anne

Somerset 250. DATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

YES [

Md.

STATE

2b. HOUR

17b. KIND OF BUSINESS OR

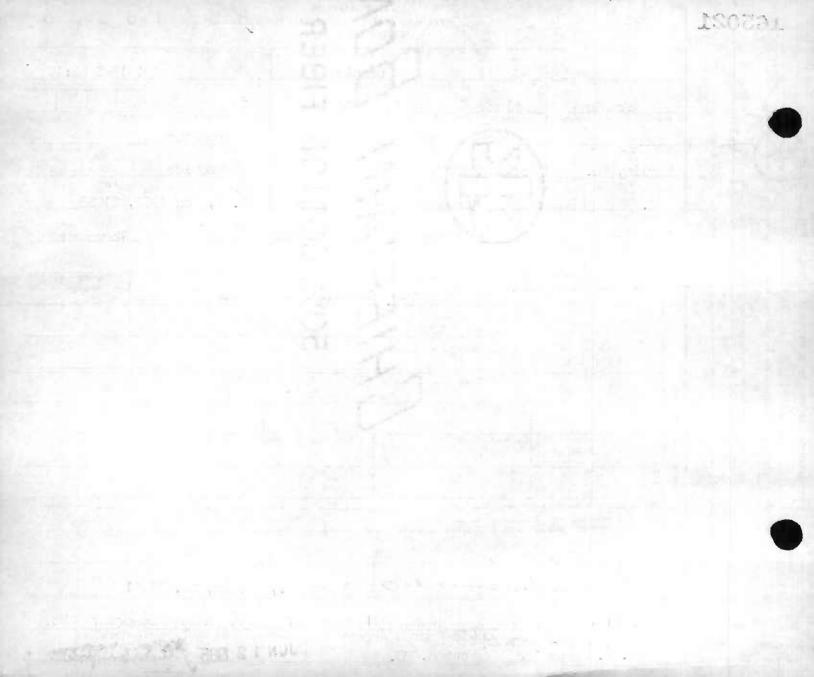
Stevenson

1985

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24 FUNERAL DIRECTOR 258 Church Street

6/8/85



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	DHMH - 17	24. Fl	HERAL DIRECTOR	ADDREA!	// 25a. DATE REC	D. BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE
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108 Williams St.

21811

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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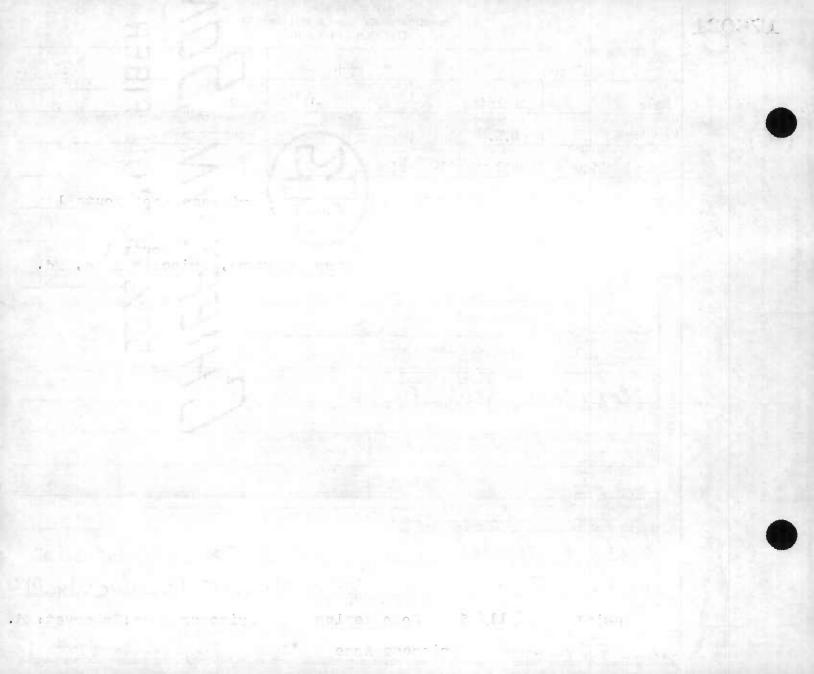
STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

ame Lennoer

Princess Anne

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECIBIRAR	1				ATE OF MARYLAND		0 7 8 3	
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THE PROPERTY OF THE PROPERTY O	1		1		M.D.Assist	ant_medical examiner	DATE SIGNED 6/2/85	
EXAMINER'S NAME		EYAMINED'S NAME						
(TYPE OR PRINT) Gregory R. Kauffman, M.D. ADDRESS 111 Penn St.	V		Gregory R.	Kauffman, N	ADDRESS	111 Penn St.		
230. BURIAL, CREMATION, REMOVAL 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE	23a.B	BURIAL, CREMATION, RE	MOVAL 236 DATE	23c. NAME OF C	EMETERY OR CREMATORY		COUNTY STATE	
BURIAL 6JUNE85 HARFORD MEMORIAL GARDENS ALDINO, HARFORD CO., MARYLAND			6JUNE85	HARFORD	MEMORIAL GARDENS	ALDINO. HARFOR		
24 FUNERAL DIRECTOR NAME ADDRESS 250. DATE RECED BY REGISTRAR'S SIGNATURE ADDRESS	24 F		400		25a. (
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078					40 21070 J	1300		

DIVISION OF VITAL RECORDS

Nov M43, Forein Pines

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STATE OF MAKILAND									
EPARTMENT OF HEALTH AND MENTAL	HYGIENE								
CERTIFICATE OF DEATH									

	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. NO	0.		7	
	DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)				LAST 20 DATE OF DEATH M					DAY YEAR	2b. HOUR	
	Wilhelmina				W	alters	5	0)6	14 198	512:20p M	
3. SE	3. SEX 4. RACE				5. DATE O			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
F	emale		Caucas	ian	NONTH	02	1896	88	YRS	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8.	- D NEVER !	ARRIED X	9. BALTIMORE CITY O		Y OF DEATH		
	Maryland	200	U.S.		MARRIE		ORCED T	Worcester		MD.		
10 C	TY OR TOWN OF DEA	TH 11.		OSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL OCCUPATI	ON		OF BUSINESS OR	
Po	comoke Cit	y	Hartle		rsina	Home		retired		keepe		
	AL RESIDENCE (# NURS	ING HOME OR OTH					TV 1141TC2	13e STREET ADDRESS				
	ryland	Worce:		Pocomoke		13d INSIDE CI	NO A		treet		51	
14 FA	THER'S NAME	90				15 MOTHER'S	MAIDEN NA	ME	61661			
10	Thomas	e R	DIE	Walt	-owa		Harrie	WIDDLE		Mal H	ters	
16a V	VAS DECEASED EVER		D FORCES?	16b. SOCIAL SECU		17 INFORMAL		ADDRE	SS		ters	
1 0	no or unknown)	(IF YES, GIVE W	AR OR DATES)	214-32-2	218	Rosa I	Hayman	618 Clar Pocomok	ke A	ty. Mo	d.	
	18 CAUSE OF DEAT	H (Enter only o	ne couse per	line far (a), (b), and	d re-di					APPRO) BETWEEN	XIMATE INTERVAL NONSET AND DEATH	
	PART I. DEATH W			PROBABLE	As	PIRAT	-10 ~			15	MIN.	
			DUE TO O	R AS A CONSEQUE	NCE OF					- 100		
	Conditions, if any,		(b)	DEME		4						
	gave rise ta imn cause (a), statin	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
	underlying couse	lost.	(c)			ACT I	urato a					
_	PART 2 OTHER SIGN	VIFICANT CON	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	10	
CERTIFICATION												
S	190 DATE OF OPERAT	TION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTOPSY?		S, WERE FIND I		
1 1								YES NO		ES 🗌	NO 🗆	
	210. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW IN.	JURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART 1 OR PART 2)		
8	(IF EITHER NOTIFY MEDIC		P.,		19							
ED	OR CONTRIBUTINGCAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED 21d INJURY OCCURRED 21d INJURY OCCURRED					211 LOCATION STREET CITY OF TOWN COUNTY STATE						
2	AT WORK NOT WH	RK -	[AT HOME SIK	EET, FACTORT, OFFICE, FA	AKM, ETC.)							
	220.1 certify that				1	-4123	., 19_85				that ((we) last	
	saw the decease above (1) (we) (c	d olive on	ew the body	ofter death	<u>5</u> , on	d that in my	(our) apinian d	death occurred on the do	ate and had	ur and from the	causes stated	
	22b. SIGNATURE				C	DEGREE				22c DATE	ESIGNED	
	Robe	T 0	ree		^		TTENDING PHYSICIAN	MEDICAL STAF		6/1	14	
1	224 PHYSICIAN'S NA	MAE LIVE OF DE	IN IT I			224 ADDRESS						

should be detached for use as with the State Dept. of Health BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the

and Mental Hygiene priar to burial, cre

MPORTANT: If hem 21 is marked ar Item 18 shows any

DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL

SPECIFY

Burial

24 FUNERAL DIRECTOR 23b. DATE

ALLEN

ROBERT

23¢ NAME OF CEMETERY OR CREMATORY

305

ST. POCOMORE

STATE

MD. 21851

Baptist Cem Pocomoke Worcester
D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Pocomoke City, Md.JUN

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3193025	FOR STATE REGISTRA	D	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENG 5 1 8 3 6 CERTIFICATE OF DEATH REG. NO.								
	1. DECEASED NA			MIDDLE		AST		REG. I 20. DATE OF DEATH		Y YEAR	2b. HOUR
noy be poge 3	(TYPE OR PRINT)	RAYMOND) Pui	nell	WAR	D			6/ 30	0/ 85	6:45am
	3. SEX		4 RACE		5. DATE (OF BIRTH	YEAR	6. AGE (IN YEARS LAST E	IRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
urs of	MALE		BLA		11		92	92	YRS.	4 3	
ol di	78. BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	NEVER A	MARRIED -	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
Pin 7	MARYLAN		U.S		WIDOWI		VORCED [TER COUN		MD.
d the Call	10. CITY OR TOW		(IF NOT IN SUC	HOSPITAL, NURS	T ADDRESS)		IIIUIION ,	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		INDUSTRY	OF BUSINESS OR
in by	BERL USUAL RESIDENCE	E (IF NURSING HOME O		JIN NURS		ME		retired 1:	aborer	Ldom	estic
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. + 0.5	160 WAS DECEAS	SED EVER IN U.S. A		16b. SOCIAL SEC	URITY NO.	17 INFORMA	,	ADD	RESS Topic		sett Apt.
n and c	(YES, NO OR UNK		IVE WAR OR DATES)	218-30	-0831	Minnie	Ward	Flower	r St., I		
i., BALTIMORE,	18 CAUSE	OF DEATH (Enter a	nly ane cause per				.,,,,,,	. 20110.	0011		MATE INTERVAL ONSET AND DEATH
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e deoth ce optending nove carb troumotic		s, if ony, which	(b)		1751	10.					
the the trem		i, stoting the	DUE TO, O	R AS A CONSEQU	JENCE OF	0					
ned by the please uriol, cre			(c)			1-150	<u></u>				
		HER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION GIVEN	V IN PART 110	D '
NG PHYSICIAN: The low require offending physicion. Wher this certificate has been signs as the buriol-tronsit permit. Then the ond Mental Hygiene prior to backed or frem 18 shows ony injury and the or them.	190 DATE O	F OPERATION	19b. COND	TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED
The lo icion. The has I the has I say perr	TIFIC							YES T NOT	IN CERTIFYI YES	NG CAUSES	OF DEATH?
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NDIR I or II		y that (1) (this hosp			211		19 9	_, to_ & 222	. 19	71.	that (I) (we) last
Spirito CTO Lifer of the	sow the	ne deceased alive at (l) (we) (did) (did no		ofter death.	(C , a	nd that in (my)	(our) opinian d	eath accurred an the	date and havr a	and from the	couses stated
OR A bore horr	22b. SIGNA					DEGREE			7777	22c. DATE	SIGNED
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TO HOSPITAL retoined by 1 TO FUNERAL should be strong the State with the State		ERICO G.				3 BAY		BERLIN, MD	21811		
	(SPECIEY)	MATION, REMOVAL				EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY	STATE
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DHMH - 16 50M 4/82	24 FUNERAL DIRI		OHADEL	ADDRESS	Rt.#2,	Jersey	Rd. DATE	REC'D. BY REGISTRA	R 256 REGISTRA	AR'S SIGNATI	URE Pendalle
(VRA 15, 4)	JULLEY	MEMORIAL	CHAPEL	SA	LISBUR	Y. MD.		1 0 1985	Change MY A. A.	Tid down N	- HOLLE

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1		3. SEX	ale	white	5. DATE OF BIRTH	1961 LAST BIRTHE	PAYI MONT	DER 1 YR. IF UNDER S	24 HRS. 2c. DATE MIN PRONOUNCI DEAD	ED 6	27 85	1 : 0 M
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	PAGE PAGE	0	cean	City /	(senot in such factors to a stall	PITAL, NURSING HOM PLITY, GIVE STREET ADDRESS) Highway		ER INSTITUTION	120. USUAL OCCUPA FOR MOST OF WORKIN Bus Boy	TION (TYPE OF WOR	Resturar	DV
21201	AND 3	USU/ 130, S	AL RESIDENCI JATE Iawaii	E (IF IN NURSING HOME O	R OTHER INSTITUTION, GIV T Ísland	e residence BEFORE ADMISS 13(, CITY OR TOWN Lahaina	ION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	12354	999	99
RE, MD.	SEATH AND 28		Kenne	th E.		lkerson		15. MOTHER'S MAIDE	Eliza	beth	Fox	
ALTIMO	S AFTER SIVE PAGES AGGES	16a. V (Y	was deceased ever in u.s. armed forces? Yes, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 215-72-3807 P.O. BOX 2144 zabeth Vesecky (Mornald Social Security), Marylar								(Mother)	301
N ST.,	HOURS EM 1B. C ING WI EME, D	7	18 CAUSE	EATH WAS CAUSED	y ane cause per line to BY:		mona	ry arrest	7		APPROXIMAT BETWEEN ONSE	
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OF VITAL RECORDS,	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN FORD TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURRAL DEPARTMENT OF HEALTH AND MINISTER TO BURRAL CREMATION,	NO	PART 2 OTNER	SIGNIFICANT CONDITIONS				OR CONDITION GIVEN IN PAR	T 1 (a).			
TAL RE	HIEF WED A OULD IN SECTION OF HEAD	FICATI	190. DATE O	FOPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?			2D AUTOPSY	
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DIVISION	THIS CERTIFING TWARDED TO PAGE 3 SHOTT TATE DEPARENT TATE	MEDIC	21d INJURY	OCCURRED NOT WHILE AT WORK	21e. PLACE O	FINJURY (ATHOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN	(COUNTY	STATE
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	TO MEDICAL EXAMENE CONTINUE CENTINUE PAGE 4 SHOULD BE TO FUNERAL DIRE AFTER DEATH, WITH BARTIMORE, MARY	1	ACTUAL SIGNATURE	Jun	other !	Banu	MM	deputy	MEDICAL EXAMIN	DAT ER SIGN	6/27/8 n city,	5
	O MEDIA XECUTE AGE 4 S O FUNE		EXAMINER'S (TYPE OR PR	INT)I ~ MO		Bainum, M	.D.	ADDRESS 16th		ocea d Phila		MU.
199	GBD 4 B	(5	JRIAL, CREMA PECIFY) Crema JNERAL DIRE		6/28/1985	Salisbury	Cren	natory			ico, Maryl	and
1 4	DHMH - 17 (VR A15 ME (5)) 20M 4/82				Home, P.S.	., Salisbury	, Mar	ryland JUL (2 1985	250. REGISTRAR'S	- Andele	
	ZUIVI 4/ DZ											

STATE OF MAKILAND

